

Attachment B

Statement of Interest Statewide Long-term Care Reform

WEST CENTRAL CONSORTIUM FOR LONG-TERM SUPPORT AND HEALTH CARE REFORM

Organization Names:

Public Entities

Buffalo County Dept. of Health and Human Services
Jackson County Health and Human Service Dept.
La Crosse County Human Services Dept.
Monroe County Dept. of Human Services
Trempealeau County Dept. of Social Services
Trempealeau County Unified Board
Vernon County Dept. of Human Services

Private Entity

Group Health Cooperative-Eau Claire

Contact People for Proposal:

Contact Name	Address	Phone	E-mail	Fax
John Kriesel, Director Buffalo County Department of Health and Human Services	PO Box 517 Alma, WI 54610-0517	608-685-4412	john.kriesel@buffalocounty.com	608-685-3342
Todd Bowen, Director Jackson County Health and Human Service Department	PO Box 457 Black River Falls, WI 54615	715-284-4301	tbowen@jacksoncountydhs.org	715-284-7713
Gerald Huber, Director La Crosse County Human Services Department	PO Box 4002 La Crosse, WI 54602-4002	608-785-6094	huber.gerald@co.la-crosse.wi.us	608-785-6443
Gene Phillips, Director Monroe County Department of Human Services	Community Services Center, A-19 14301 County Highway B Sparta, WI 54656-4509	608-269-8600	gphillips@co.monroe.wi.us	608-269-8935
Stacey Garlick, Director Trempealeau County Department of Social Services	PO Box 67 Whitehall, WI 54773	715-538-2311	garlicks@tremplecounty.com	715-538-4274
Connie Herman, Director Trempealeau County Unified Board	PO Box 67 Whitehall, WI 54773	715-538-2311	hermanc@tremplecounty.com	715-538-4477
Pamela Eitland, Director Vernon County Department of Human Services	E7410 Co. Rd. BB, Ste 100 Viroqua, WI 54665	608-637-5210	peitland@vernoncounty.org	608-637-5505
Carroll Carlson, Director and General Manager – Government Programs Group Health Cooperative – Eau Claire	PO Box 3217 Eau Claire, WI 54702-3217	715-852-2040	ccarlson@group-health.com	715-836-7683

Brief Description of Organizations:

Each of the counties involved in this West Central Consortium for Long-Term Support and Health Care Reform (WCC) is responsible for comprehensive human services under a variety of Wisconsin statutes for provision of services to various targeted groups. Those receiving public human services include those with various long-term care needs including the frail elderly, those with physical and developmental disabilities as well as those with mental illness. Each of these populations will be part of the reform proposed in this response to the RFP.

Counties in Wisconsin have both a long history of providing services to vulnerable populations and a legal mandate under various Wisconsin statutes to assure certain “core” services are available in each county. In some of the counties represented by this consortium, direct services are provided by the counties, including nursing home care. In all the counties of this consortium, contractual relationships have been developed for years with a rich network of private agencies, including local primary hospitals and clinics.

For three of the counties in the consortium (Jackson, La Crosse and Trempealeau), an Aging and Disability Center has been in existence since the late 1990s. In La Crosse County, a Care Management Organization through the Family Care Program has been fully implemented for the frail elderly, the physically disabled, and the developmentally disabled. In both La Crosse and Trempealeau Counties, county-administered nursing homes provide residential care for those with significant behavioral health needs as a part of a comprehensive continuum of care and services for populations in need of more intensive services. Other counties in the consortia also administer nursing homes that focus on the geriatric population.

For several years, La Crosse County has contracted with The Management Group, Inc. (TMG) to prepare for the expansion of SSI and other Medicaid managed care initiatives being discussed by the state. In order to allow the integration of primary and acute health care services, La Crosse County met with a number of local, state and national health plans to determine the best partner in the region to achieve the integration of health care services under Medicaid. La Crosse County was also interested in exploring new ways of funding and providing behavioral health services as a result of being a partner with the state in the Mental Health/AODA Redesign pilots. This past summer La Crosse County and Group Health Cooperative-Eau Claire, along with TMG, began to formalize a model to implement both SSI managed care and fuller integration of primary health care, behavioral health and Family Care.

Interest in Planning and Implementation of Long-Term Care Reform in Wisconsin:

The counties represented through this consortium have demonstrated a long history of partnership with the state in its efforts for Long-Term Care Reform. Three of the counties were among the first in Wisconsin to plan and implement Aging and Disability Resource Centers. La Crosse County has a Care Management Organization serving most disability groups. La Crosse for the past two years has also partnered with the state on Mental Health/AODA Redesign. Several years of planning for the implementation of SSI Managed Care, intended to integrate acute and primary health care with long-term managed care, has created a “platform” with Family Care to accomplish the state’s objectives to move Medicaid into managed care models.

The consortium’s private health plan partner, Group Health Cooperative-Eau Claire, brings significant experience with Medicaid managed care under the TANF programs. Group Health Cooperative-Eau Claire has a strong regional presence in western Wisconsin and an existing network of health care providers. This consortium brings Group Health Cooperative’s experience in care management for

Medicaid recipients with the counties' long experience in case management of people with long-term care needs.

Counties and the private health plan in this consortium believe that success in long-term care and health care reform for Medicaid will require partnerships between the state, local units of government and private health care.

These counties and Group Health Cooperative-Eau Claire have already demonstrated an ability to plan and develop collaborative models of service delivery that will be further enhanced through this partnership with the state. Through models of shared planning, shared funding and shared care management, populations served could achieve better outcomes through systems coordination and the state could achieve its objectives of Medicaid savings.

Geographic Area of Interest:

The consortium will involve the following counties: Buffalo, Jackson, La Crosse, Monroe, Trempealeau, and Vernon. The estimated total population for these counties is 244,265,¹ while the estimated population who report having one or more disability is 29,563, according to the census bureau.

These counties share, for the most part, much of the same network of health and human service providers. These counties also have been involved with consortium development in the past, including those related to public health initiatives and Wisconsin Works (W2) programs. Since much of the provider network is currently shared among these counties, the coordination of such things as Aging and Disability Resource Centers, behavioral health crisis (and other) services and expansion of care management programs like Family Care are quite feasible in the first few years of consortium development. Group Health Cooperative-Eau Claire currently offers TANF Medicaid in 29 counties in western Wisconsin. Since their network of care has long been developed in the region, there should be little difficulty in joining with counties in the development of systems of care that are more comprehensive and integrated than what is currently in place for the Medicaid population.

Proposed Scope and Nature of the Program:

This response to the state's RFP by the WCC involves both phases of planning and implementation to bring most of Medicaid-funded services under managed care over the next three years. This initiative will involve four primary programs: (1) extending components of the Aging and Disability Resource Center to all of the counties involved with the consortium; (2) a phase-in plan for regional expansion of long-term managed care, with the incorporation of LTC waiver and other home and community-based programs (i.e., the ICF-MR downsizing and nursing home relocation initiatives) into a managed care benefit and eventually leading to the potential regional expansion of managed long-term care; (3) the planning and implementation of SSI Managed Care in the region in a phase-in plan that will bring primary and acute health services under managed care and eventually lead to the integration of care management for primary and long-term care benefits under Medicaid (to include dual eligibles); and (4) regional development of a comprehensive behavioral health network that will include crisis services and put Medicaid behavioral health services under managed care.

This response to the state's RFP will also address "infrastructure" issues the consortium will have prior to and during implementation. These include: (1) addressing Economic Support capacity issues within

¹ January 1, 2005 Final Population Estimates for Wisconsin Counties prepared by the Demographic Services Center, Wisconsin Department of Administration, October 10, 2005

the region in determining and re-determining Medicaid eligibility; (2) planning for ways to regionally coordinate both Medicaid fee-for-service and common carrier transportation. The WCC will work with the state's selected vendor on this reform effort, which will tie into the state's initiative for regional coordination of Medicaid transportation; and (3) planning for necessary Information Technology (IT) needs as a result of moving into a managed care arena for many programs. La Crosse County is working with the state on its MMIS initiative which is likely to be a critical piece of the IT infrastructure needs for encounter reporting, claims processing, risk management, etc. Buffalo, Trempealeau and Vernon Counties are working with GIS software (WISSIS) and the state while Monroe County is working with the CMHC system.

Regional Expansion of the Aging and Disability Resource Centers

Three counties involved in this consortium have fully developed Aging and Disability Resource Centers (Jackson, La Crosse and Trempealeau). The expansion of the ADRCs to the other counties in the WCC would include certain "core" functions or services to be available in each county as well as other functions of the ADRCs that could be "shared" within the consortium. These "shared" functions could include the availability of 24/7 I&A through regional contracts with Great Rivers 211, and shared advertising and marketing since the regional media network is much the same between the counties within the consortium.

SSI Managed Care Development and the Integration of Primary and Acute Health Care with Long-Term Care

The Governor in his last biennium budget planned for the implementation of SSI Managed Care in La Crosse County for 2005. With the identification of a private health plan to manage the health care risks for those with primary and acute health care needs, the county is projecting an initial implementation date of July 1, 2006 for enrollment to begin for La Crosse County SSI eligibles. The consortium is projecting the need for a rapid rollout for enrollment to the other counties for SSI eligibles beginning in July 1, 2006 and ending in December 31, 2006. This first phase of SSI Managed Care will be a cooperative effort between the counties and Group Health Cooperative-Eau Claire, which will involve primary and acute health services in a contract between DHFS and Group Health Cooperative-Eau Claire. Behavioral health services such as Community Support Programs (CSP), Comprehensive Community Services (CCS), and Targeted Care Management (TCM) will be "carved out" initially and will remain under the counties in the fee-for-service system.

In the second phase of SSI Managed Care implementation, La Crosse County and Group Health Cooperative-Eau Claire will implement a model designed to move towards further integration of primary and behavioral health care. La Crosse County will develop a "maintenance of effort" arrangement between the state and Group Health Cooperative-Eau Claire in which county and community aid dollars currently in the behavioral health system through the county will be added to the Medicaid dollars for behavioral health, in order to establish a sub-capitation between Group Health Cooperative-Eau Claire and the county. The county will then be developing a care management approach to addressing the needs of those with significant behavioral health needs through a consolidated funding stream. Group Health Cooperative-Eau Claire and La Crosse County would at this time seek to develop or implement disease management and evidence-based models for integrating behavioral health with primary health care including models developed by the University of New Jersey in "Partners for Excellence in Psychiatry". Issues of fragmentation of services and funding in behavioral health could be addressed through this model.

At this time, La Crosse County will be evaluating and seeking to expand its own behavioral health network that potentially could include other counties within the consortium. These counties at this time (2007) will be doing their own assessment and planning as to their role in the future provision of behavioral health services, particularly for the SSI population. Later in the planning process, the counties in the consortium who chose to provide behavioral health care management under a sub-capitation with Group Health Cooperative-Eau Claire, will be able to enter a similar arrangement as that between Group Health Cooperative and La Crosse County.

Planning dollars through this grant will allow counties in this consortium to study feasibility models to integrate care management for those with long-term care needs and those with primary health care concerns. The goal is to eventually integrate acute and primary health care within a model of care management similar to Family Care.

Regional Expansion of Managed Long-Term Care

The counties in the WCC will phase-in managed long-term care to achieve implementation by 2008. During the initial implementation of regional SSI managed care, only the acute and primary services will be under the capitation between the state and Group Health Cooperative-Eau Claire. Counties will continue to manage the LTC waiver programs and the state nursing home initiatives. Beginning in the last half of 2006, the counties will enroll the Home and Community Based waiver participants to include Family Care eligibles, the ICF-MR downsizing initiative and the nursing home relocation initiative into a managed care model. This will involve each of the counties identifying the amount of local tax levy and community aids going to support individuals under any of these programs, and the state developing a prepaid capitation to WCC to cover the cost of those enrolled in these programs. At this time, there is not an expectation of entitlement to services or programs and there may also be the likelihood of maintaining certain aspects of waiting lists to receive services. Counties having no prior experience with managed care will have their initial “exposure”, however, only persons currently served in the Home and Community Based options will get served.

During the first phase of managed long-term care expansion, the state will be rolling out SSI Managed Care for acute and primary health care. If accepted, this proposal would provide the necessary planning time and dollars to study best practice models for the integration of care management when an individual has both primary health care needs and long-term care needs.

The final phase-in of managed care under this proposal will be the potential expansion of a managed long-term care program similar to Family Care, in which those in need of long-term care services and on Medicaid but not receiving any county services, could be enrolled. The intent in this phase is to “reach” individuals likely to be in need of more intensive long-term care services in the future and offer to them certain aspects of the Family Care benefit designed to be less intense and more preventive in nature.

The WCC will also need to plan for the coordination of IT functions, Economic Support responsibilities and transportation. With the consortium’s involvement with the MMIS initiative and the use of change centers in Economic Support, as well as the state’s attempts to provide regional coordination for MA transportation, planning is already underway to provide the necessary “infrastructure” to support this project.